

**Office of Economic Opportunity  
FY 2005 Emergency Shelter Grants (ESG) Program  
ANNUAL PERFORMANCE REPORT**

(Please Print or Type)

**REPORTING PERIOD: July 1, 2005 – June 30, 2006**

**Completed forms should be returned no later than July 31, 2006 to:  
Office of Economic Opportunity, 2013 Mail Service Center, Raleigh, North Carolina 27699-2013**

**EXHIBIT 1: GRANTEE INFORMATION**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ County \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

OEO FY 2004 Grant No.: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

Organization Executive Director: \_\_\_\_\_

Organization Chairperson: \_\_\_\_\_

.....  
Facility Type (**Check the one most appropriate category**):

\_\_\_\_ 24 Hour Shelter      \_\_\_\_ Domestic Violence      \_\_\_\_ Youth  
\_\_\_\_ DAY Shelter Only      \_\_\_\_ Transitional  
\_\_\_\_ NIGHT Shelter Only      \_\_\_\_ Inter-Faith Hospitality Network      Other (Specify) \_\_\_\_\_

Enter Shelter/Facility Name Below (if different from Organization Name):

\_\_\_\_\_  
Shelter Address (if different): \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Shelter/Facility Director: \_\_\_\_\_

.....  
**Name and Title of Person who can answer questions about this report:**

\_\_\_\_\_  
Telephone: (    ) \_\_\_\_\_

I hereby certify that all the information stated herein is true and accurate to the best of my knowledge:

\_\_\_\_\_  
**Signature of Organization's Chairperson or Executive Director**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

## EXHIBIT 2: PERSONS SERVED During the Reporting Period

**Do not count an individual more than once.**

- A. **Average Daily Occupancy of Shelter/Facility:** A \_\_\_\_\_  
(Average number of homeless persons sheltered each day/night)
- B. **Number of Single Individuals NOT in Families Served:**  
Adults (18+) \_\_\_\_\_ Children (0 - 17) \_\_\_\_\_ **Total B** \_\_\_\_\_
- C. **Number of Families Served:** C \_\_\_\_\_
- D. **Number of Persons in Families Served:**  
Adults (18+) \_\_\_\_\_ Children (0 - 17) \_\_\_\_\_ **Total D** \_\_\_\_\_
- E. **TOTAL NUMBER OF UNDUPLICATED PERSONS SERVED DURING THE REPORTING PERIOD (2B + 2D)** E \_\_\_\_\_
- F. Of those single individuals and family members (including children) served, please identify the primary reason for their homelessness and/or need for service as identified by the person served or by your shelter staff. The primary cause of a child's homelessness should be the same as the child's parent(s). In cases where more than one response may apply, choose the one that **MOST CLOSELY CHARACTERIZED** the situation. **NOTE: Total of categories below should equal total reported under E.**

<u>Category</u>	<u>No. of Persons</u>	<u>Category</u>	<u>No. of Persons</u>
Mental Illness	_____	Child Abuse and Neglect	_____
Chronic alcoholism	_____	Juvenile Delinquency	_____
Chronic drug abuse	_____	Release from Prison	_____
Dual Diagnosis (severe mental illness and alcohol or drug abuse)	_____	Transient	_____
HIV/AIDS	_____	Relocation	_____
Domestic Violence/Sexual Assault	_____	Health Related/Disability	_____
Unemployment	_____	Other (PLEASE BE SPECIFIC)	_____
Underemployment	_____		_____
Eviction	_____		_____
Natural Disaster (fire, flood, hurricane, tornado, etc.)	_____		_____
Homeless and Runaway Youth (17 years and below)	_____	<b>TOTAL (must equal total reported under Item 2E)</b>	_____

### EXHIBIT 3: AGE AND GENDER OF PERSONS SERVED

Answer Part (i) for single individuals **NOT** in families (See 2B) and Part (ii) for family members (See 2D).

**Totals for Part (3i) should equal total reported under 2B. Totals for Part (3ii) should equal total reported under 2D.**

<u>Age and Gender</u>	<u>Male</u>	<u>Female</u>
<b>(i) <u>Single Individuals NOT in Families</u></b>		
a. 17 & under	_____	_____
b. 18 – 30	_____	_____
c. 31 - 55	_____	_____
d. 55 & over	_____	_____
TOTAL Single Individuals _____	<b>TOTAL</b> _____	<b>TOTAL</b> _____
<b>(ii) <u>Adults in Families</u></b>		
e. 18 - 30	_____	_____
f. 31 - 55	_____	_____
g. 55 & over	_____	_____
TOTAL Adults in Families _____	<b>TOTAL</b> _____	<b>TOTAL</b> _____
 <b><u>Children in Families</u></b>		
h. under 1	_____	_____
i. 1 - 5	_____	_____
j. 6 - 12	_____	_____
k. 13 – 17	_____	_____
TOTAL Children in Families _____	<b>TOTAL</b> _____	<b>TOTAL</b> _____

#### EXHIBIT 4: VETERAN STATUS OF PERSONS SERVED

Of the total number of unduplicated persons served during the reporting period (See 2E), how many were veterans? PLEASE NOTE: A Veteran is anyone who has ever been on active military duty status.

	<u>Age</u>	<u>Male</u>	<u>Female</u>
<b>Total Veterans Served:</b>	18 - 30	_____	_____
	31 - 55	_____	_____
	55+	_____	_____
	<b>TOTAL</b>	_____	<b>TOTAL</b> _____

#### EXHIBIT 5: RACIAL/ETHNIC CHARACTERISTICS OF PERSONS SERVED

	<u># Served:</u>	<u># Hispanic</u>
White	_____	_____
<b>Black/African-American</b>	_____	_____
American Indian/Native American	_____	_____
Asian	_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____
White & African American	_____	_____
American Indian & African American	_____	_____
Asian & Black/African American	_____	_____
Other Multi-Racial	_____	_____
Unknown	_____	_____
<b>TOTAL</b>	_____	_____

NOTE: Total of # Served must equal total reported under Item E, Exhibit 2.

## EXHIBIT 6: PROGRAM ACCOMPLISHMENTS

Briefly describe the eligible activities undertaken with ESG funds during the reporting period.

### A. OPERATIONS:

**General Operations Costs** (Check the categories for which ESG funds were used.)

☐ Salaries/Fringe Benefits (Administrative Costs)  
☐ Communications  
☐ Travel  
☐ Space Cost  
☐ Supplies/Materials  
☐ Equipment  
☐ Contractual  
☐ Other (Specify) \_\_\_\_\_

	Total Amount Awarded	Total Amount Obligated (As of June 30, 2006)	Difference
Administrative Costs under Operations	\$ _____	\$ _____	\$ _____
Other Operations Costs	\$ _____	\$ _____	\$ _____
<b>TOTAL OPERATIONS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**B. SERVICES:** (If ESG funding for Services was received, indicate *the amount of increase* in the number of persons served in each applicable category as a result of the utilization of ESGP funds).

- |                               |                            |
|-------------------------------|----------------------------|
| 1. Employment Services        | Increased by _____ persons |
| 2. Health Services            | Increased by _____ persons |
| 3. Substance abuse services   | Increased by _____ persons |
| 4. Education Services         | Increased by _____ persons |
| 5. Housing Referral Services  | Increased by _____ persons |
| 6. Nutritional Counseling     | Increased by _____ persons |
| 7. Other (PLEASE BE SPECIFIC) |                            |
| _____                         | Increased by _____ persons |
| _____                         | Increased by _____ persons |

	Total Amount Awarded	Total Amount Obligated (As of June 30, 2006)	Difference
<b>TOTAL SERVICES</b>	<b>\$ _____</b>	<b>\$ _____</b>	

**C. HOMELESS PREVENTION:** (If ESG funding was received for Homeless Prevention, indicate the number of single individuals **NOT** in families and total number of families assisted with ESG funds in the following categories).

	<u>Single Individuals</u>	<u>Families</u>
1. Number provided short-term subsidies to defray rent and utility arrearages (for those who have received eviction notices and/or utility shut-off notices)	_____	_____
2. Number provided security deposits or first month rent to enable them to move into a permanent residence	_____	_____
3. Number provided mediation services for landlord/tenant disputes	_____	_____
4. Number provided legal services in eviction proceedings	_____	_____

	Total Amount Awarded	Total Amount Obligated (As of June 30, 2006)	Difference
<b>TOTAL Homeless Prevention</b>	\$ _____	\$ _____ \$	

#### **EXHIBIT 7: TECHNICAL ASSISTANCE AND RECOMMENDATIONS**

This section is intended to provide the Office of Economic Opportunity (OEO) with information on any technical assistance needs you may have and solicit recommendations on how OEO performance may be improved. You may use back of this page if necessary.

- A. Based on your experience during the reporting period, are there any areas in which you may need technical assistance?
- B. In what ways could OEO improve its service to you or assist your program next reporting period?
- C. Do you plan to make any changes in your use of ESG funds if funded during the next reporting period?